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*Letter*

PATENT  
Docket No. 412692000401

CERTIFICATE OF MAILING BY "FIRST CLASS MAIL"

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Assistant Commissioner for Patents, Washington, D.C. 20231, on January 8, 2002.

*Carolyn McKubre*  
Carolyn McKubre

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In the application of:

D. Laksen SIRIMANNE et al.

Serial No.: 09/805,652

Filing Date: March 13, 2001

For: SUBCUTANEOUS CAVITY MARKING  
DEVICE AND METHOD

Examiner: To Be Assigned

Group Art Unit: 3737

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REQUEST FOR A CORRECTED FILING RECEIPT

Assistant Commissioner for Patents  
Office of Initial Patent Examination,  
Customer Service Center,  
Washington, D.C. 20231

Dear Sir:

Please furnish the undersigned with a corrected Filing Receipt for the above-identified application. The corrections needed are as follows:

**Applicants:** For the third applicant the city of residence is listed as "Belomnt". This should be --Belmont--.

For the fourth applicant the city of residence is listed as "Paol Alto". This should be --Palo Alto--.

A copy of the marked-up Filing Receipt is attached.

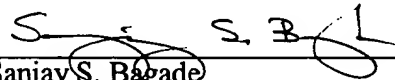
Support for these corrections is provided on the Application Data Sheet as filed on March 13, 2001. Accordingly, Applicants believe no fee is required.

In the unlikely event that the transmittal letter is separated from this request and the Patent Office determines that a fee is required, applicant petitions for any required relief including extensions of time and authorizes the Assistant Commissioner to charge the cost of such petitions and/or other fees due in connection with the filing of this document to **Deposit Account No. 03-1952**. However, the Assistant Commissioner is not authorized to charge the cost of the issue fee to the Deposit Account.

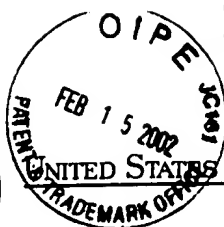
Respectfully submitted,

Dated: January 8, 2002

By:

  
Sanjay S. Bagade  
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 09/805,652         | 03/13/2001  | 3737         | 1307          | 412692000401    | 10       | 108        | 7          |

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MORRISON & FOERSTER, LLP

CONFIRMATION NO. 4202

FILING RECEIPT



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Date Mailed: 12/14/2001

Receipt is acknowledged of this nonprovisional Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Customer Service Center. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

D. Laksen Sirimanne, Palo Alto, CA;  
Douglas S. Sutton, Pacifica, CA;  
Natalie V. Fawzi, Belmont, CA; Belmont  
Gail Lebovic, Palo Alto, CA; Palo Alto

**Domestic Priority data as claimed by applicant**

THIS APPLICATION IS A CON OF 09/285,329 04/02/1999  
WHICH IS A CIP OF 09/220,618 12/24/1998 ABN

**Foreign Applications**

If Required, Foreign Filing License Granted 12/13/2001

Projected Publication Date: 03/21/2002

Non-Publication Request: No

Early Publication Request: No

**\*\* SMALL ENTITY \*\***

**Title**

Subcutaneous cavity marking device and method

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number Of Pages In This Submission

7

Application Number

09/805,652

Filing Date

March 13, 2001

First Named Inventor

D. Laksen SIRIMANNE

Group Art Unit

3737

Examiner Name

To Be Assigned

Attorney Docket No.

412692000401

## ENCLOSURES (check all that apply)

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| <input type="checkbox"/> Fee Transmittal Form                                   | <input type="checkbox"/> Assignment Papers<br>(for an Application)                         | <input type="checkbox"/> After Allowance Communication to Group                               |
| <input type="checkbox"/> Fee Attached   | <input type="checkbox"/> Drawing(s)  | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences           |
| <input type="checkbox"/> Amendment / Reply                                      | <input type="checkbox"/> Licensing-related Papers  | <input type="checkbox"/> Appeal Communication to Group<br>(Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final  | <input type="checkbox"/> Petition  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declarations                                | <input type="checkbox"/> Petition to Convert to a Provisional Application                  | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                              | <input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):               |
| <input type="checkbox"/> Express Abandonment Request                            | <input type="checkbox"/> Terminal Disclaimer   | 1. Request for a corrected filing receipt - 2 pages   |
| <input type="checkbox"/> Information Disclosure Statement                       | <input type="checkbox"/> Request for Refund  | 2. Copy of Marked-up filing receipt - 1 page  |
| <input type="checkbox"/> Certified Copy of Priority Document(s)                 | <input type="checkbox"/> CD, Number of CD(s) _____   | 3. Copy of application Data Sheet - 3 pages   |
| <input type="checkbox"/> Response to Missing Parts/<br>Incomplete Application   |  | 4. Return Postcard  |
| <input type="checkbox"/> Response to Missing Parts<br>under 37 CFR 1.52 or 1.53 |  |   |

## SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

|                               |   |
|-------------------------------|---|
| Firm<br>or<br>Individual Name | Morrison & Foerster LLP, 755 Page Mill Road, Palo Alto, California 94304-1018 |
| Signature                     | Sanjay S. Bagade (Registration No. 42,280)                                    |
| Date                          | January 8, 2002   |

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Carolyn McKubre

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